



**Rauch, Inc.**  
 845 Park Place  
 Phone (812) 945-4063 / Fax (812) 941-8820  
 Web Address: [www.rauchinc.org](http://www.rauchinc.org)  
 EEO/ADA Employer

<b>POSITION FOR WHICH YOU ARE APPLYING:</b>						
Check <b>all</b> that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/PRN: <input type="checkbox"/>						
Last Name			First Name		Middle Initial	
Mailing Address			City		County	
State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address	
Driver's License #	State	Expiration Date	<input type="checkbox"/> Operators (Private Vehicle) <input type="checkbox"/> CDL (copy needed of license & medical card)		License Class _____ Endorsement _____	
Are you claiming Veteran's Preference? (Attach a copy of DD214 and/or service connected disability)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony since your 18th birthday that has not been expunged by a court? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name &amp; Location of Court</i> <i>Date of Conviction</i>					<b>(Inaccurate information here will result in disqualification.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a former employee of Rauch, Inc.? If yes please give: <i>Last Date(s) of Employment</i> <i>Department / Division</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> <i>Date and Reason</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives working for Rauch, Inc.? If yes, please complete the following: (Continue listing relatives on a separate page if necessary) <i>Name</i> <i>Relationship</i> <i>Department</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional References						
Name			Telephone Number			

**EDUCATION AND TRAINING**

**ELEMENTARY AND HIGH SCHOOL EDUCATION**

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED? <p align="center"> <input type="checkbox"/> YES      <input type="checkbox"/> NO                 </p>	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____ Location: _____
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**RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)**

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

**COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)**

**\*\*Must be from a recognized accredited school - original transcript is required if hired\*\***

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Type of Degree Earned (e.g.BA/BS)	Major	Minor
	From	To	Semester	OR Quarter			

**RELATED LICENSES (provide current original)**

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

**SKILLS**

<input type="checkbox"/> Access	<input type="checkbox"/> Hansen	<input type="checkbox"/> Drafting	<input type="checkbox"/> Excel/Lotus	<input type="checkbox"/> Other software	Languages spoken and written <b>FLUENTLY</b> _____ _____ _____
<input type="checkbox"/> ORACLE	<input type="checkbox"/> GIS	<input type="checkbox"/> Auto Cad	<input type="checkbox"/> Word/WordPerfect	_____	
<input type="checkbox"/> Approach	<input type="checkbox"/> Typing _____wpm	<input type="checkbox"/> PowerPoint	_____	_____	

Also include specific software experience in your job descriptions.  
 Ask about PC skills exams and provide certificates of courses completed.

**CPR Certified** Yes No (If yes, expiration date \_\_\_\_\_)  
**FA Certified** Yes No (If yes, expiration date \_\_\_\_\_)  
**Core A & B Medication** Yes No  
**BINS** (If applying for Employment Consultant) Yes No



<b>3</b>	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address ( <b>city and state are required</b> )	
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer	Salary	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

**CONDITIONS OF EMPLOYMENT STATEMENT**

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give Rauch, Inc. the right to investigate all information given and to secure additional appropriate information if necessary. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. I understand that the completion of this application does not assure me of a position with Rauch, Inc. and does not obligate Rauch, Inc. to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected and/or subject me to dismissal.** Candidates selected for hire must pass a functional exam prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. Rauch, Inc. is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act, therefore, I may be subject to a random drug test.

I also understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that this application and submitted attachments become a part of Rauch, Inc. records and will not be returned, reused or copied for me once submitted.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature Date  
(Unsigned applications will not be considered)

